

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Sam H Fleet

Mailing Address 1 Brookfield Court

City State Zip Code
 East Greenwich RI 02818

FEC ID number of contributing
federal political committee.

C

Name of Employer

AmWINS Group Benefits

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : 37161419

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Mr. R. Brian Bair

Mailing Address 0301 Willow Vale Dr.

City State Zip Code
 Fallston MD 21047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crawford Advisors, LLC

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : 37186581

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Dane O Leavitt

Mailing Address 242 S 200 W

City State Zip Code
 Cedar City UT 84720-3375

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Leavitt Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : 37187398

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5550.00